

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6990

FORM JSPAC COVER SHEET PG 1

The JSPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 3
3 COMMITTEE NAME Friends of Judge David Crain		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o Charles O. Grigson 604 W. 12th Street Austin, Texas 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Charles O. NICKNAME LAST SUFFIX Grigson		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 604 W. 12th Street Austin, Texas 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 W. 12th Street Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-5791		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 7 / 01 / 2008 THROUGH 12 / 31 / 2008		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

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**JUDICIAL SPECIFIC-PURPOSE COMMITTEE
REPORT: PURPOSE AND TOTALS****FORM JSPAC
COVER SHEET PG 2****12 COMMITTEE**

ACCOUNT # (Ethics Commission filers)

NAME Friends of Judge David Crain

**13 COMMITTEE
PURPOSE**(Attach lists on plain
paper to complete this
report if necessary.)☒ SUPPORT☐ OPPOSE☐ ASSIST
(officeholders only)☐ CANDIDATE☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

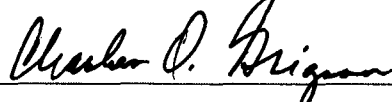
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Judge, County Court at Law No. 3
Travis County, Texas**14 CONTRIBUTION
TOTALS****EXPENDITURE
TOTALS****CONTRIBUTION
BALANCE****OUTSTANDING
LOAN TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,034.74
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

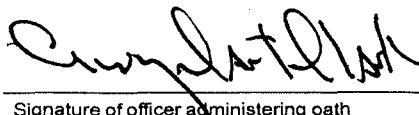
15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARLES O. GRAGSON, this the 9th day of JANUARY, 2009, to certify which, witness my hand and seal of office.

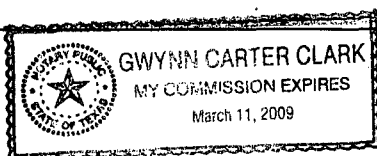
Signature of officer administering oath

Gwynn Carter Clark

Printed name of officer administering oath

NOTARY

Title of officer administering oath



POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Friends of Judge David Crain

3 ACCOUNT # (Ethics Commission filers)**4** Date

10-29-08

5 Payee name

Travis County Democratic Party

7 Amount
(\$)

1,000.00

6 Payee address; City; State; Zip Code1311 E. 6th Street
Austin, Texas 78702**8** Purpose of payment (See instructions regarding type of information required.)

Democratic party contribution/fundraiser

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED